FilmL.A., Inc.
6255 W Sunset Blvd, 12th Floor
Hollywood, CA 90028
t: (213)977-8600 - f: (213)977-8601
www.filmla.com

Summary Information

Permit No: F00137858-A **Type of Permit:** FILMING **Release Date:** 05/17/2018

Production Company PIGGY SPANK PRODUCTIONS

Insured Company Name PIGGY SPANK PRODUCTIONS
Contact Phone No. 1 323-860-7116
Contact Phone No. 2
Fax
Address 1438 N. GOWER ST., STUDIO BOX #57
HOLLYWOOD, California 90028

Production Title PRINCE OF PEORIA

Type of Production TV Drama

Producer Chris Phillips

Director Eric Dean Seaton

1st AD Guy Distad

Production Manager NA NA

FilmL.A. Coordinator Michael Gonzalez

Location Manager Paul Boydston
Primary Phone Mobile - 213-703-7027
Secondary Phone

Location Assistant TBD TBD
Primary Phone Mobile - 555-555-5555
Secondary Phone

Fees

FILMLA NON-REFUNDABLE FILM PERMIT RIDER FEE	$105.00

Total Permit Fee $105.00

Number of Locations 1

NOT A PERMIT

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t: (213)977-8600 - f: (213)977-8601
www.filmla.com

Summary Information — Location

Permit Number	F00137858-A	**Location Manager**	Paul Boydston
Production Company	PIGGY SPANK PRODUCTIONS	Primary Phone	Mobile - 213-703-7027
Insured Company	PIGGY SPANK PRODUCTIONS	Secondary Phone	
Production Title	PRINCE OF PEORIA		

Location Address	19802 Placerita Canyon Rd, Unincorporated Los Angeles County, CA, 91321
Location Name	DISNEY RANCH (GOLDEN OAKS)
Location Type	Ranch
Prep Dates	5/11/2018 - 5/11/2018 07:00 - 22:00 1 day
Film Dates	5/17/2018 - 5/17/2018 06:00 - 22:00 1 day
Strike Dates	5/18/2018 - 5/18/2018 07:00 - 22:00
Open or Closed to the Public	Closed
Generic Conditions	*Certain service and personnel fees required by jurisdictional agencies are not collected by FilmL.A. Any such fees must be paid directly to the appropriate agency, and a separate invoice will be provided to the permittee. *LA CITY AND/OR LA COUNTY FIRE CHECKLIST ATTACHED TO FINAL PERMIT. THE PERMITEE IS RESPONSIBLE FOR COMPLETING CHECKLIST PRIOR TO FILMING ACTIVITY AT THIS LOCATION. NON COMPLIANCE MAY RESULT IN ASSIGNMENT OF A FIRE OFFICER. All vehicles must be parked on private property FAA (UAS): Failure to adhere to any applicable limitations of UAS usage will result in immediate shutdown of UAS activity FAA (UAS): UAS may not be operated directly over any person, unless authorized by FAA FAA (UAS): UAS must be operated at an altitude of no more than 400' above ground level FAA (UAS): UAS operations may not be conducted during night (1/2 hour prior to sunrise, 1/2 hour after sunset). FAA (UAS): UAS Operator must conform with all FAA Regulations FAA: Company must notify LASD AERO BUREAU at least 1/2 hour prior to activity, aerosgtnotification@lasd.org 562.421.2701. Must comply with attached conditions Must Maintain 5' Clearance on Sidewalks/Walkways Must maintain local/emergency access No cast or crew parking on area streets No interference with vehicular or pedestrian traffic
Please see attached documents	piggy spank productions, paul boydston AA1.pdf POP Drone packet1.pdf

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Summary Information — Location

Permit Number	F00137858-A	**Location Manager**	Paul Boydston
Production Company	PIGGY SPANK PRODUCTIONS	Primary Phone	Mobile - 213-703-7027
Insured Company	PIGGY SPANK PRODUCTIONS	Secondary Phone	
Production Title	PRINCE OF PEORIA		

Equipment on Location

Type	Quantity
4000 gal water truck	1
5 or 10 ton trucks	4
Catering Truck	1
Condors	2
Cube Trucks	4
Generator	2
Modular Units	1
Stakebed Trucks	2
Trailers	6
Vans	4

Personnel on Location

Type	Quantity
Cast	7
Crew	120
Extras	100
LA County FSA assigned	1

Filming Activities Aerial Photography with remote control aircraft. (UAS); Exterior Dialogue; Shooting at Old Lake; Soapbox derby scene; Stunts and water activity; Equipment to include condors and beebee light; Additional Prep: 5/14-5/16 (0700-2200);

Jurisdiction **Political:** Los Angeles County - Supervisor District 5 **Police:** Los Angeles County Sheriff **Fire:** Los Angeles County Fire Department

Thomas Guide **Page:** 4641 **Grid:** G1

Location Notes ANY DRIVING SHOTS OR OTHER ACTIVITY ON PLACERITA CANYON ROAD USUALLY REQUIRES A DUAL PERMIT WITH ANGELES NATIONAL FOREST. PLEASE CONTACT PRODUCTION PLANNING.

Coordinator Note LA County Fire Dept #18 1545 150, FSA Assigned, 4000-gallon water truck required

Parking

Base Camp
Location Type : Filming Location

Crew Parking
Location Type : Filming Location

Parking Notes
Base: Peewe's Barn lot and Golden Oak Hall lots

NOT A PERMIT

Appointment of Pacific Production Services
As Authorized Agent and Representative

I certify that I am a representative of PIGGY SPANK PRODUCTIONS ("Principal") and am authorized to enter into binding contractual agreements on its behalf. I further certify that I am authorized by Principal to appoint other representatives and agents for Principal and to give such representatives and agents authority to enter into and bind Principal to agreements relating to the issuance of and compliance with location film (e.g. theatrical, television, commercial and other motion. picture filming) and still photographic permits, including the permits themselves and any riders to such permits. Acting on behalf of Principal in my capacity as its authorized representative, I appoint Pacific Production Services and it employees and agents ("PPS") as Principal's authorized representatives and agents to apply for location film (e.g. theatrical, television, commercial and other motion. picture filming) and still photographic permits on behalf of Principal through FilmLA, Inc. for any city, county or through any other jurisdictions where FilmLA, Inc. operates, to negotiate, discuss, accept, modify, agree to and bind Principal to the terms and conditions of such permits (including all restrictions and/or community guidelines applicable to any such permit); and to execute such permits on behalf of Principal. Principal understands, acknowledges and agrees that it (and/or its insurer) remains responsible and liable for all obligations imposed by or incidental to any permit or rider issued to Principal signed by any employee or agent of (including any coordinator, runner or messenger used by) PPS. Principal further agrees to comply with the terms and conditions of any such permits and hereby appoints PPS as an authorized representative to facilitate compliance with such terms and conditions following issuance of any such permits and to enter into agreements for Principal with respect thereto. Any person, agency, entity, or organization (including FilmLA, Inc. and any city, county or other jurisdictions where FilmLA, Inc. operates) may rely upon this appointment and need not obtain further authorization for any act described herein. An original or faxed copy of this appointment shall be sufficient, and may be treated as an original for your purposes. The appointment may be revoked by Principal at any time in writing delivered to FilmLA, Inc., but in any case shall expire one (1) year from the date of execution set forth below.

I declare under penalty of perjury under the laws of the State of California that I am authorized to appoint PPS as agent for Principal, and based upon that authority I hereby appoint PPS as Principal's agent as set forth herein.

Date: MAY 11th, 2018

Representative's Signature

PAUL BAYDSTON

Representative's Name (Please Print)

LOCATION MNGR

Representative's Title (Please Print)

PIGGY SPANK PRODUCTIONS

Name of Principal (i.e. company name) (Please Print)

1438 N. GOWER ST.
STUDIO BOX #57
HOLLYWOOD, CA 90028

Principal's Mailing Address (Please Print)

323-860-7116

Principal's Phone Number (Please Print)

Pacific Production Services
Eric Nichols, President
1481 E. 4th St
Los Angeles, CA. 90033
Ph. 323-260-4777 Fx. 323-415-6180

NOT A PERMIT

Permit #F00137858-A

FilmL.A. Inc. UAS QUESTIONNAIRE

(FOR MORE THAN 2 LOCATIONS, PLEASE USE AN ADDITIONAL FORM)

FilmL.A. Permit #: F-00137858

Film Date: 05 - 17 - 18

Production Title: The Prince Of Peoria

Production Company: Piggy Spank Productions

Applicant Name: West Coast Aerials LLC

Location Address: 19802 Placerita Canyon Rd

Hours of UAS Activity: 1:00pm

Location Address #2: Newhall, CA 91321

Hours of UAS Activity: 7:45pm

UAS Company Name: West Coast Aerials

UAS ON LOCATION INFORMATION

ANY RESTRICTED AREAS OR TEMPORARY FLIGHT RESTRICTIONS? ☐ YES ■ NO

UAS Make & Model: DJI INSPIRE 2

UAS "N" # or registration #: Registration:FA34PRHFFX

UAS Make & Model:

UAS "N" # or registration #:

Class of Airspace that activity will occur in: ☐ B ☐ C ☐ D ☐ E ■ G

REMINDER: IF YOU ARE FLYING IN CLASS B, C, D, OR E AIRSPACE, ATC AUTHORIZATION IS REQUIRED FOR ALL UAS ACTIVITY.

UAS OPERATING AUTHORITY: ☐ 333 EXEMPTION ■ 14 CFR PART 107

333 EXEMPTION REQUIREMENTS

Name of Pilot in Command:

Pilot's Phone #:

Name of Visual Observer:

Visual Observer's Phone #:

PLEASE PROVIDE THE FOLLOWING:

- Copy of COA or Blanket COA
- Copy of POA with proof of submission to local FSDO
- Copy of Pilot's License

PART 107 REQUIREMENTS

Name of Remote Pilot: Taylor Fickle

Certificate #: 4001572

Remote Pilot Phone #: 818-632-1990

Visual Observer: ■ YES ☐ NO

PLEASE PROVIDE THE FOLLOWING:

- Copy of Remote Pilot's Certificate
- Copy of UAS Registration Certificate for each UAS listed above
- Description of Planned Operations

WAIVERS

If you are requesting any of the following activity, please check all that apply and furnish proof of waiver from the FAA upon submission of this document to FilmL.A.

☐ Flight over non-participants (§107.39)
☐ Flight altitude restrictions (§107.51)
☐ Night Flight (§107.29)
☐ Operating from a moving vehicle (§107.25)
☐ Operating multiple small UAS' (§107.35)

FILMLA. USE ONLY

333 EXEMPTION

☐ INSURANCE ☐ PILOT'S LICENSE
☐ COA ☐ DOCS ATTACHED TO PERMIT
☐ POA ☐ VISUAL OBSERVER

PART 107 CERTIFICATE

☐ INSURANCE ☐ WAIVERS
☐ DOCS ATTACHED TO PERMIT ☐ DESCRIPTION OF OPS.
☐ REMOTE PILOT CERTIFICATE ☐ ATC COORDINATOR NOTE
☐ UAS REGISTRATION CERTIFICATE(S)

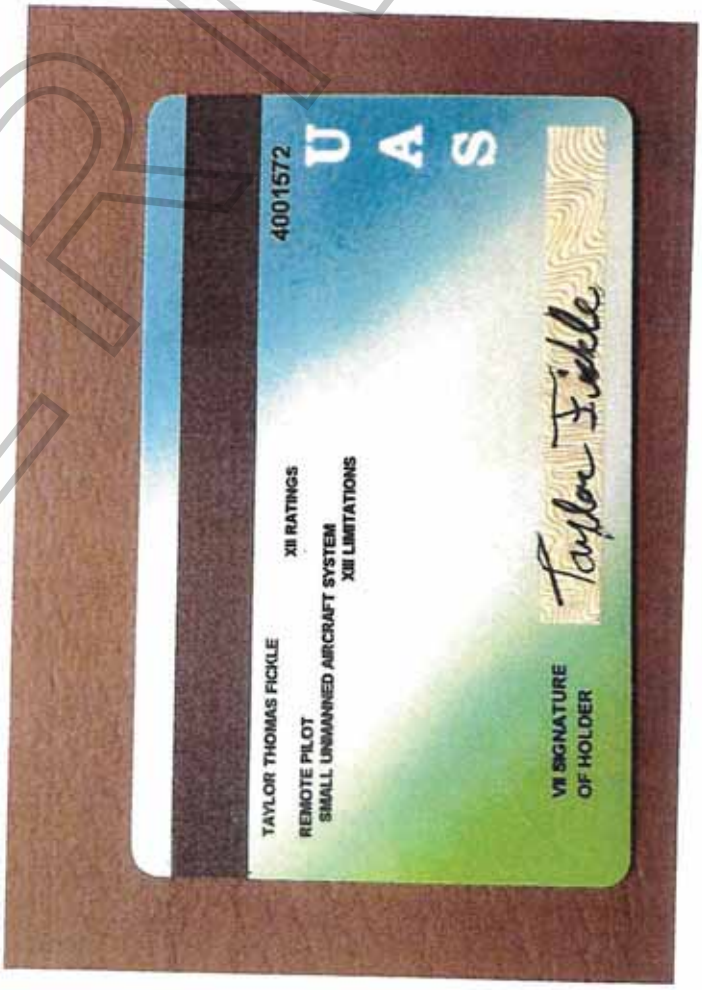
☐ Jennifer Floyd (APPLICANT) **I ASSERT THAT ALL INFORMATION ON THIS FORM IS ACCURATE.**

NOT A PERMIT

I UNITED STATES OF AMERICA XI
DEPARTMENT OF TRANSPORTATION • FEDERAL AVIATION ADMINISTRATION
IV NAME
TAYLOR THOMAS FICKLE
V ADDRESS 636 N MAPLE ST
BURBANK CA 91505-3112
VI NATIONALITY USA
IVa D.O.B 13 JUN 1992
IX HAS BEEN FOUND TO BE PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF
REMOTE PILOT
CERTIFICATE NUMBER
X DATE OF ISSUE
SEX HEIGHT WEIGHT HAIR EYES
M 66 150 BROWN BROWN
4001572
7 MAY 2017
XIV
VIII ADMINISTRATOR
U
A
S

NOT A PERMIT

NOT A PERMIT


4001572
U A S
TAYLOR THOMAS FICKLE
XII RATINGS
REMOTE PILOT
SMALL UNMANNED AIRCRAFT SYSTEM
XIII LIMITATIONS
VII SIGNATURE OF HOLDER
Taylor Fickle

DRONE LOG

THIS FORM MUST BE FULLY COMPLETED FOR EACH USE OF A DRONE

NAME OF PRODUCTION:

PURPOSE OF FLIGHT: Television Show
(Scout, Picture Craft, Camera Craft, Charter, Etc.)

DATE(S) USED: 5.17.18 TOTAL HOURS OF USE: Sunrise to Sunset

LOCATION(S) WHERE USED: Golden Oak Ranch, Newhall, Ca 91321, USA
(City, State, County, Country)

DRONE COMPANY: West Coast Aerials

DRONE : DJI Inspire 2 MODEL #: Inspire 2

DRONE VALUE: $15,000

PILOT NAME: Taylor Fickle

IS PILOT A PRODUCTION EMPLOYEE? YES (NO)
AN INDEPENDENT CONTRACTOR? (YES) NO
A GUILD MEMBER? YES (NO)

Is insurance coverage Primary (✓) or Contingent ( )

If Drone Company's insurance is primary, please state liability limits $_____ and Hull Limits $_____.

A certificate of insurance must be attached showing policy limits, additional insured, and waiver of subrogation wording as per the Drone Use Agreement.

See attached certificate.

NOT A PERMIT

Permit #F00137858-A

ADVACAM-01 ELEEZBUR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/15/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
NFP Property & Casualty Services, Inc.
2450 Tapo Street
Simi Valley, CA 93063

CONTACT NAME: hi
PHONE (A/C, No, Ext): (805) 579-1900 FAX (A/C, No): (805) 579-1916
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Federal Insurance Company	20281
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Advanced Camera Solutions DBA: Camera Support
West Coast Aerials, LLC
2827 N. San Fernando Blvd.
Burbank, CA 91504

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			7951-75-54	02/10/2018	02/10/2019	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y / N/A						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Workers Compensation.

CERTIFICATE HOLDER

Piggy Spank Productions
5808 W. Sunset Blvd.
Los Angeles, CA 90028

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

NOT A PERMIT

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Permit #F00137858-A

AGENCY CUSTOMER ID: ADVACAM-01

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
NFP Property & Casualty Services, Inc.	Advanced Camera Solutions DBA: Camera Support West Coast Aerials, LLC 2827 N. San Fernando Blvd. Burbank, CA 91504 Los Angeles
POLICY NUMBER SEE PAGE 1	
CARRIER: SEE PAGE 1 / NAIC CODE: SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Cert Liability Remarks

CONTRACTUAL INSURANCE REQUIREMENTS

The attached Certificate of Insurance is provided as part of our service to our client, the Insured. If special endorsements have been provided, they also are indicated attached. You may find that these documents do not comply with all the terms and conditions of the underlying contract between the Certificate Holder and the Insured due to the insurance company's insuring conditions, limitations, exclusions and other terms. If you have any questions, please contact the undersigned.

INSURANCE WEST / NFP P&C
CA LICENSE #0F15715
2450 TAPO ST
SIMI VALLEY, CA 93063
TELEPHONE: (805) 579-1900
FAX: (805) 579-1916

Hired Auto Physical Damage
Limit - $50,000 - ACV
Collision Deductible - $1,000
Comprehensive Deductible - $1,000

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Permit #F00137858-A

ACORD®

CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY): 05/15/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Avpac Insurance Services, Inc.
19531 Campus Drive
Suite 15
Santa Ana, CA, 92707

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID No.

INSURED
West Coast Aerials, LLC

1317 N. San Fernando Blvd., Suite 273
Burbank, CA, 91504

INSURER(S) AFFORDING COVERAGE	%	NAIC No.
INSURER A: U.S. SPECIALTY INSURANCE COMPANY	100%	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION **CERTIFICATE NUMBER:** **REVISION NUMBER:**

POLICY TYPE					LINE OF BUSINESS SUBCODE									
☐	INDUSTRIAL AID	☒	PLEASURE & BUS	☐ COMMERCIAL	☒	AIRPLANE	☐	HELICOPTER		MIXED FLEET		EXCESS	☐	QUOTA SHARE
☐	NON-OWNED				☐	LIABILITY ONLY	☒	HULL & LIABILITY	☐	HULL ONLY				

AIRCRAFT INFORMATION **ACORD 333, Aircraft Schedule attached**

YEAR	MAKE	MODEL	SERIAL NUMBER	REGISTRATION NUMBER
2017	DJI INSPIRE 2	SER# 09YDDCML041258		UAV007

TERRITORY:

AIRCRAFT COVERAGES

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y / N)	SUBROGATION WAIVED? (Y / N)
	UV5000386-02	05/17/2018	07/29/2018	Y	N

COVERAGE		OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL	☒	ALL RISK GROUND AND FLIGHT	$	AGREED VALUE	$	Ded. - Not in motion
	☐	ALL RISK GROUND ONLY			$	Ded. - In motion
AIRCRAFT LIABILITY	☒	LIABILITY EXcluding Passengers	$ 5,000,000	EA OCC	$	EA PER
			$	EA PASS	$	AGGR
MEDICAL PAYMENTS	☒	INCLUDING CREW	$ 5,000	EA PER	$ 5,000	EA OCC
	☐	EXCLUDING CREW				

COVERAGE						
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER

Piggy Spank Productions
5808 W. Sunset Blvd.
Los Angeles, CA 90028

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Permit #F00137858-A

CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
05/15/2018

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Avpac Insurance Services, Inc. 19531 Campus Drive Suite 15 Santa Ana, CA, 92707	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID No.
INSURED West Coast Aerials, LLC 1317 N. San Fernando Blvd., Suite 273 Burbank, CA, 91504	

INSURER(S) AFFORDING COVERAGE	%	NAIC No.
INSURER A : U.S. SPECIALTY INSURANCE COMPANY	100%	
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

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POLICY INFORMATION **CERTIFICATE NUMBER:** **REVISION NUMBER:**

POLICY TYPE					LINE OF BUSINESS SUBCODE									
	INDUSTRIAL AID	☒	PLEASURE & BUS	☐	COMMERCIAL	☒	AIRPLANE	☐	HELICOPTER		MIXED FLEET		EXCESS	QUOTA SHARE
	NON-OWNED					☐	LIABILITY ONLY	☒	HULL & LIABILITY	☐	HULL ONLY			

AIRCRAFT INFORMATION **ACORD 333, Aircraft Schedule attached**

YEAR	MAKE	MODEL	SERIAL NUMBER	REGISTRATION NUMBER
2017	DJI INSPIRE 2	SER# 09YDDCML041258		**UAV007**

TERRITORY:

AIRCRAFT COVERAGES

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y / N)	SUBROGATION WAIVED? (Y / N)
	UV5000386-02	05/17/2018	07/29/2018	Y	N

COVERAGE		OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL	☒	ALL RISK GROUND AND FLIGHT	$	AGREED VALUE	$	Ded. - Not in motion
	☐	ALL RISK GROUND ONLY			$	Ded. - In motion
AIRCRAFT LIABILITY	☒	LIABILITY EXcluding Passengers	$ 5,000,000	EA OCC	$	EA PER
			$	EA PASS	$	AGGR
MEDICAL PAYMENTS	☒	INCLUDING CREW	$ 5,000	EA PER	$ 5,000	EA OCC
	☐	EXCLUDING CREW				

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER

Piggy Spank Productions
5808 W. Sunset Blvd.
Los Angeles, CA 90028

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

NOT A PERMIT

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Permit #F00137858-A

ADVACAM-01 ELLEZBUR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/15/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
NFP Property & Casualty Services, Inc.
2450 Tapo Street
Simi Valley, CA 93063

CONTACT NAME: hi
PHONE (A/C, No, Ext): (805) 579-1900 FAX (A/C, No): (805) 579-1916
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Federal Insurance Company	20281
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Advanced Camera Solutions DBA: Camera Support
West Coast Aerials, LLC
2827 N. San Fernando Blvd.
Burbank, CA 91504

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: Y (Mandatory in NH)	N / A		7951-75-54	02/10/2018	02/10/2019	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Workers Compensation.

CERTIFICATE HOLDER

Piggy Spank Productions
5808 W. Sunset Blvd.
Los Angeles, CA 90028

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Permit #F00137858-A

AGENCY CUSTOMER ID: ADVACAM-01 ELLEZBUR

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
NFP Property & Casualty Services, Inc.	Advanced Camera Solutions DBA: Camera Support West Coast Aerials, LLC 2827 N. San Fernando Blvd. Burbank, CA 91504 Los Angeles
POLICY NUMBER SEE PAGE 1	
CARRIER / NAIC CODE SEE PAGE 1 / SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Cert Liability Remarks

CONTRACTUAL INSURANCE REQUIREMENTS

The attached Certificate of Insurance is provided as part of our service to our client, the Insured. If special endorsements have been provided, they also are indicated attached. You may find that these documents do not comply with all the terms and conditions of the underlying contract between the Certificate Holder and the Insured due to the insurance company's insuring conditions, limitations, exclusions and other terms. If you have any questions, please contact the undersigned.

INSURANCE WEST / NFP P&C
CA LICENSE #0F15715
2450 TAPO ST
SIMI VALLEY, CA 93063
TELEPHONE: (805) 579-1900
FAX: (805) 579-1916

Hired Auto Physical Damage
Limit - $50,000 - ACV
Collision Deductible - $1,000
Comprehensive Deductible - $1,000

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Small UAS Certificate of Registration

Name: Another way up

Manufacturer: DJI

Model: Inspire 2

Serial Number: 09yddcml041258

Certificate Number: FA34PRHFFX

Issued: 10/15/2017 Expires: 10/15/2020

For U.S. citizens, permanent residents, and certain non-citizen U.S. corporations, this document constitutes a Certificate of Registration. For all others, this document represents a recognition of ownership.

For all holders, for all operations other than as a model aircraft under sec. 336 of Pub. L. 112-95, additional safety authority from FAA and economic authority from DOT may be required.

This Small UAS Certificate of Registration is not an authorization to conduct flight operations with an unmanned aircraft. Operations must be conducted in accordance with the applicable FAA requirements. The operator of the aircraft is responsible for knowing and understanding what those requirements are. For more information on flying for non-model purposes, please visit the FAA website at www.faa.gov/uas

Federal Aviation Administration

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U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

CERTIFICATE OF WAIVER OR AUTHORIZATION

ISSUED TO

West Coast Aerials, LLC, Responsible Person: Brian Philbrook
Waiver Number: 107W-2016-00202

ADDRESS

2827 N. San Fernando Blvd.
Burbank, CA 91504

This certificate is issued for the operations specifically described hereinafter. No person shall conduct any operation pursuant to the authority of this certificate except in accordance with the standard and special provisions contained in this certificate, and such other requirements of the Federal Aviation Regulations not specifically waived by this certificate.

OPERATIONS AUTHORIZED

Night small unmanned aircraft systems (sUAS) operations in accordance with petition for exemption, docket number FAA-2014-0937.

LIST OF WAIVED REGULATIONS BY SECTION AND TITLE

14 CFR § 107.29 Daylight operation

STANDARD PROVISIONS

1. A copy of the application made for this certificate shall be attached to and become a part hereof.
2. This certificate shall be presented for inspection upon the request of any authorized representative of the Administrator of the Federal Aviation Administration, or of any State or municipal official charged with the duty of enforcing local laws or regulations.
3. The holder of this certificate shall be responsible for the strict observance of the terms and provisions contained herein.
4. This certificate is nontransferable.

NOTE—This certificate constitutes a waiver of those Federal rules or regulations specifically referred to above. It does not constitute a waiver of any State law or local ordinance.

SPECIAL PROVISIONS

Special Provisions Nos. **1** to **11**, inclusive, are set forth on the attached pages.

This Certificate of Waiver 107W-2016-00202 is effective from August 29, 2016 to August 31, 2020 and is subject to cancellation at any time upon notice by the Administrator or an authorized representative.

BY DIRECTION OF THE ADMINISTRATOR

Carl Johnson

Digitally signed by Carl Johnson
DN: cn=Carl Johnson, o=General Aviation and Commercial Division, ou=AFS-800, email=carl.n.johnson@faa.gov, c=US
Date: 2016.08.28 21:37:17 -04'00'

General Aviation and Commercial Division, AFS-800

FAA Form 7711-1 (7-74) CC:

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SPECIAL PROVISIONS ISSUED TO
West Coast Aerials, LLC

General.

In order to respond to your petition for exemption under Section 333 of the FAA Modernization and Reform Act of 2012, docket number FAA-2014-0937, in the most expeditious manner, the FAA has construed your petition as an application to operate your sUAS under Title 14 Code of Federal Regulations (14 CFR) part 107 in accordance with the provisions of a Waiver. The FAA's Flight Standards Service has reviewed your application to ensure compliance with the requirements of 14 CFR § 107.200. The Administrator finds that the proposed sUAS operation can be conducted safely under the provisions of this Certificate of Waiver (Waiver) as listed below, because you have established adequate mitigations for risks involved with operating your sUAS in the manner you described. Adherence to the provisions of this Waiver establishes the required level of safety within the national airspace system.

This Waiver may be canceled at any time by the Administrator, the person authorized to grant the Waiver, or the representative designated to monitor a specific operation. As a general rule, this Waiver may be canceled when it is no longer required, there is an abuse of its provisions, or when unforeseen safety factors develop. Failure to comply with any provision listed below is a violation of the terms of this Waiver and may serve as justification for cancellation.

List of Regulations Waived by Section and Title. The following regulations are waived:

> 14 CFR § 107.29, Daylight operation, is waived to allow sUAS operations during night.

Common Provisions. The Responsible Person, Brian Philbrook, for West Coast Aerials, LLC, is directly responsible for safety of operations conducted under this Waiver and will ensure the remote Pilot in Command (PIC), manipulator of the controls, and Visual Observer (VO) complies with all provisions of this Waiver.

1. This Waiver must not be combined with any other waiver(s), authorizations(s), or exemption(s) without specific authorization from the FAA;

2. The FAA has the authority to cancel or delay any or all flight operations if the safety of persons or property on the ground or in the air, are in jeopardy or there is a violation of the terms of this Waiver;

3. Operations under this Waiver are to be conducted in Class G airspace only unless specific airspace authorization or Waiver is received from the FAA in accordance with § 107.41;

4. A copy of this Waiver must be available during Waivered sUAS operations;

5. The Responsible Person listed on this Waiver must maintain a current list of pilots by name and remote pilot certificate number used in the Waiver holder's operations. This list must be presented for inspection upon request from the Administrator or an authorized representative;

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6. The Responsible Person listed on this Waiver must maintain a current list of small unmanned aircraft (sUA) by registration number(s) used in the Waiver holder's operations. This list must be presented for inspection upon request from the Administrator or an authorized representative;

Night sUAS Operations Special Provisions. sUAS operations may be conducted at night, as defined in 14 CFR § 1.1, provided:

7. All operations under this Waiver must use one or more VO;

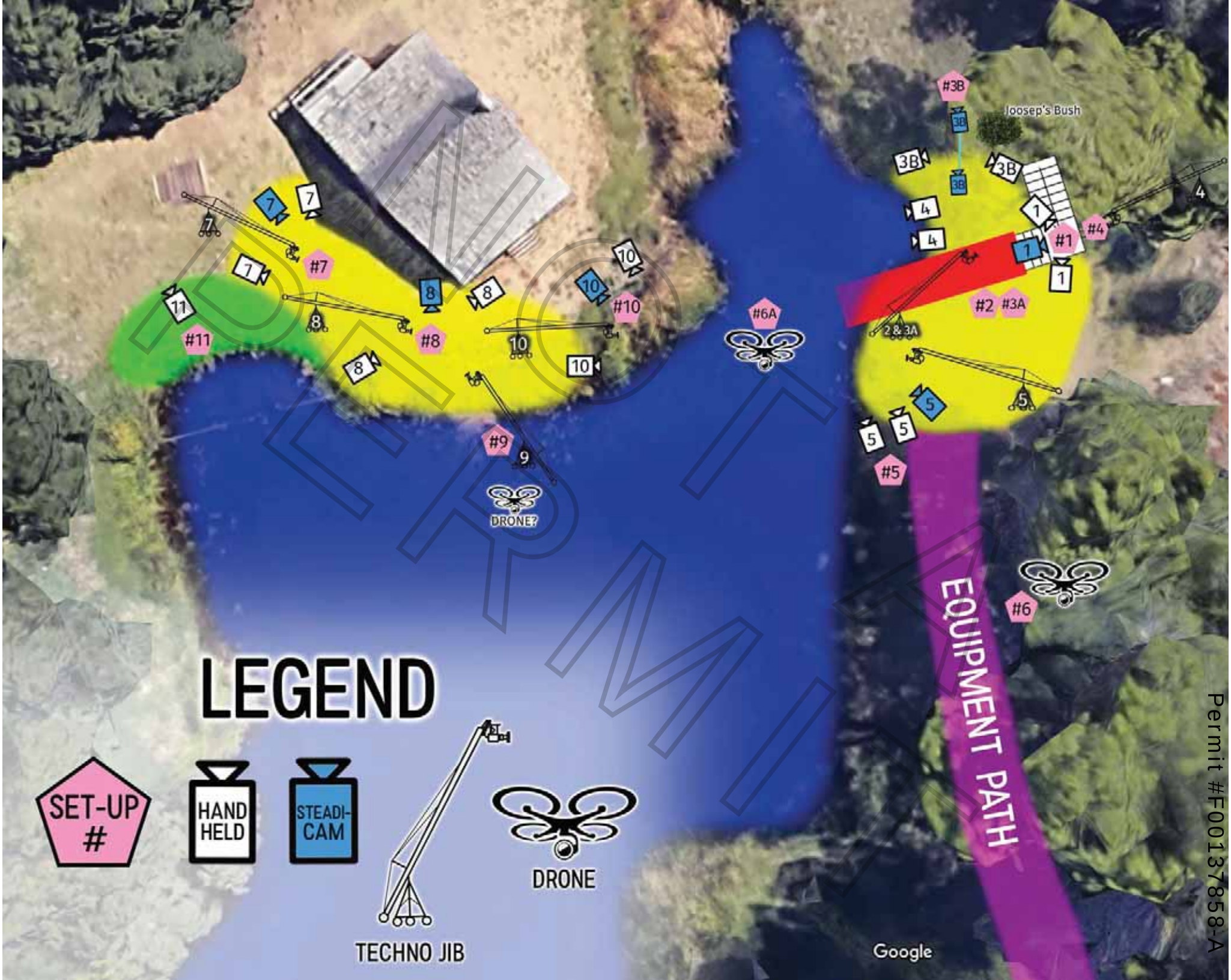
8. Prior to conducting waivered operations, the Responsible Person listed on the Waiver must ensure the remote PIC and VO are trained to recognize and overcome visual illusions caused by darkness, and understand physiological conditions which may degrade night vision. This training must be documented and must be presented for inspection upon request from the Administrator or an authorized representative;

9. The remote PIC and VO must ensure the area of operation is sufficiently illuminated to allow both the remote PIC and VO to identify people or obstacles on the ground, or the remote PIC and VO must conduct a daytime site assessment prior to conducting waivered operations, noting any hazards or obstructions;

10. The sUA must be equipped with lighted anti-collision lighting visible from a distance of no less than 3 statute miles. The remote PIC may reduce the intensity of the anti-collision lighting if he or she determines that, because of operating conditions, it would be in the interest of safety to do so; and

11. In addition to the requirements of § 107.51(b), the sUA must not fly higher than 200 feet above any structure's immediate uppermost limit.

NO FLY PERMIT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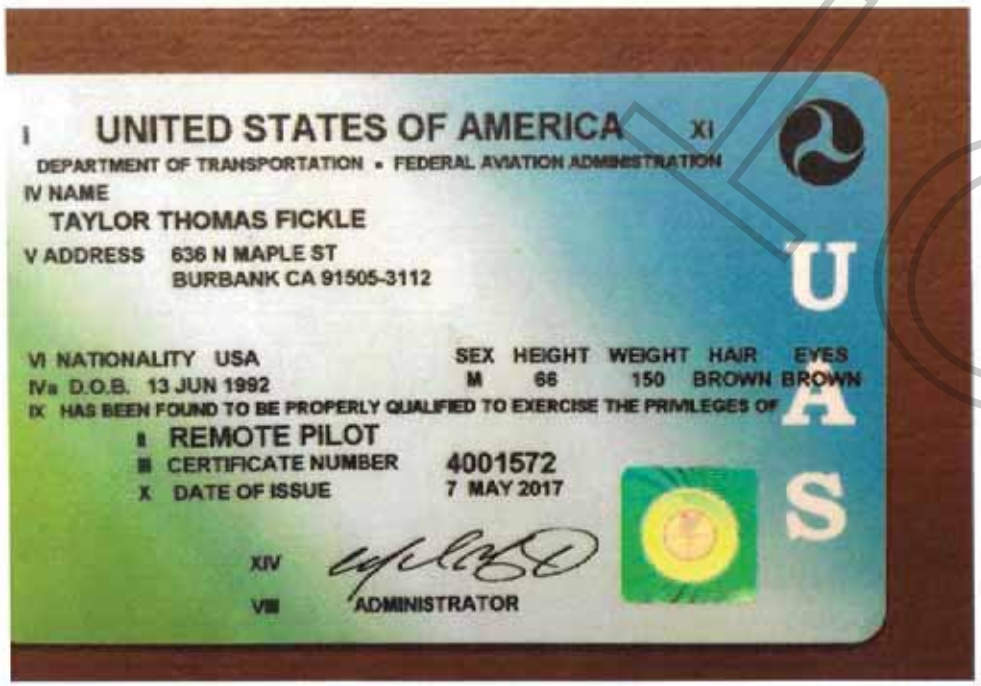

I UNITED STATES OF AMERICA XI

DEPARTMENT OF TRANSPORTATION • FEDERAL AVIATION ADMINISTRATION

IV NAME
TAYLOR THOMAS FICKLE

V ADDRESS 636 N MAPLE ST
BURBANK CA 91505-3112

VI NATIONALITY USA

SEX	HEIGHT	WEIGHT	HAIR	EYES
M	66	150	BROWN	BROWN

IVa D.O.B. 13 JUN 1992

IX HAS BEEN FOUND TO BE PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF

II REMOTE PILOT

III CERTIFICATE NUMBER 4001572

X DATE OF ISSUE 7 MAY 2017

XIV

VIII ADMINISTRATOR

U S A

PENDING FAA APPROVAL

Permit #F00137858-A

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